

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

24876

**1. PLACE OF DEATH**

County Howell  
Township Beason  
City Peace Valley, Mo.

Registration District No. 388  
Primary Registration District No. 5542

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Nezkeah Brotherton  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 15 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Moses Brotherton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Nezkeah Brotherton  
Peace Valley, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE mt crow DATE 7-29-31

19. UNDERTAKER (ADDRESS) McFarland's  
West Plains, Mo.

20. FILED 7-28-31 DR Lynch  
Registrar.

**3**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27-1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 7-27- 1931

I last saw him alive on 7-27-1931 Death is said to have occurred on the date stated above, 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset  
7-27-31

Right empyema  
82A  
82D  
97

Other contributory causes of importance:

Arteriosclerosis  
Hemiplegia, left.

5-7-31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) E. Claude Bohner, M. D.

(Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1931

